

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

03 — 09

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.310

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 40.3 million

b. FFY 2004 \$ 69.2 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A page 26

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2A page 26

10. SUBJECT OF AMENDMENT:

Reinstate eligibility of caretaker relative

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Paul Reinhart, Deputy Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Paul Reinhart

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

6-26-2003

16. RETURN TO:

Michigan Department of Community Health

Program Policy Division

Federal Liaison Unit

400 South Pine - 7th Floor

Lansing, Michigan 48933

ATTN: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6/27/03

18. DATE APPROVED:

9/23/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

JUN 27 2003

DMCH - MI/MN/WI

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

Groups Covered

C. Optional Coverage for the Medically Needy (Continued)

- | | | | | |
|------|-------------------------------------|----------|-----|--|
| MDCH | 42CFR 435.310 | <u>X</u> | 6. | Caretaker Relatives |
| MDCH | 42CFR 435.320 and
42 CFR 435.330 | <u>X</u> | 7. | Aged Individuals |
| MDCH | 42CFR 435.322 and
42CFR 435.330 | <u>X</u> | 8. | Blind Individuals |
| MDCH | 42CFR 435.324 and
42CFR 435.330 | <u>X</u> | 9. | Disabled Individuals |
| | 42CFR 435.326 | | 10. | Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42CFR 435.212 and the same rules apply to medically needy individuals. |
| | 42CFR 435.340 | | 11. | Blind and disabled individuals who: <ul style="list-style-type: none">a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;b. Were eligible as medically needy in December 1973 as blind or disabled; andc. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

TN NO 03-09 Approval Date Effective Date 04-01-03

Supersedes
TN No. 02-22